EXHIBIT 2

PART I: CLAIMANT IDENTIFICATION
NAME: RAPHEALL JAME PALAZZO JITT First Middle Last Jr/Sr/III GENDER: MALE FEMALE
SOCIAL SECURITY NUMBER: BIRTH DATE: 575 - 70 - 0755
Residential Address: 325 SOUTH MELROSE DRIVE SUITE 200
VISTA III III III III III III III III III I
Country (if not U.S.) Day Time Telephone
Area Code PART II: ATTORNEY INFORMATION
If an attorney is representing this claimant or the representative of this claimant, complete this section. (You do not need to be represented by an attorney to submit a claim.)
KAZAUMCEUALIEDISESABRANSFERNANDEZLYONSEFARIRISE
Attorney Name
Mailing Address for Claim-Related Correspondence Street Address
SAU FRAUCTS CO. State Zip Code Province Postal Code
Country (if not U.S.)
Telephone Number (
E-Mail Address REC'D JAN 27 2003
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PART III: Questions Applicable To Persons Claiming Exposure To Asbestos In The Libby, Montana Area (Lincoln County, Montana)

ALL DE TOP ENT IN	TIMENT INFORMATION	
	t of Lincoln County, Montana?	
☐ Yes ☐ No	-	
During what period of t	ime? What was/were your residential address(es) during each such peri	od of time?
Start Date	End Date	
Month Year	Month Year	
Residential Address:		
Street Address	╌╎╏┞╏╪┼╁┠╞╂╞╬╏╬╗╬	4111
Street Address		
City		Zip Code
-		/Postal Code
Start Date	End Date	
Month Year	Month Year	
Residential Address:		
		<u> </u>
Street Address		
City		7/0 Co-10
		Zip Code /Postal Code
	•	
Start Date	End Date	or the second
Month Year	Montb Year	
Residential Address:		
Street Address		
	المستشمين بالمائية والمراجع الأراب المستدهي	
City	المعالم المستنفيل ويلك ووالرائية والمراكز الأرام الما الأواهية الأواها المستنفيل المراها والسابة	Zip Code /Postal Code

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W.R. Grace & Co.

Asbestos Medical Monitoring

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Proof of Claim Form

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PART V: Questions Applicable To Persons Who Were Employed As Commercial Installers or Removers of Zonolite Attic Insulation

This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses. Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?

usulation business or other construction busi	iness?	
∨ If yes, answer the questions in this Part:		
During what time period(s) did you install or remove Zonolite Attic Insulation?	From Montb Year	To Year Year
	From Montib Year	To
	From Montb Year	To
ist your employer(s) and job(s) and employnemoved Zonolite Attic Insulation.	nent location(s) during ea	ach time period in which you installed or
. Employment dates:		
From To To Montb Year	6	
. Occupation:	T	EX INALE PER COLUMN
description		HIALI- Indiana - I I I I I I I I I I I I I I I I I I
I stal transora	Jack Constitution	Service A service River
. Employer's Name:		
Employer's Address: Street Address		
City		State Zip Code
Country (if not U.S.)		/Province /Postal Code
List the percentage of time during that period		
For each employer for whom you installed or equipment you used while working in proxit	r removed Zonolite Attic	Insulation, describe the protective
Percentage of time: Protective equipment	used:	
☐ respirator ☐ face	mask special clothing	other protective equipment \square none
_		Continue on next page > >

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V.	continued
1.	Employment dates:
	From To
	Month Year Month Year
2.	
	description
	SERVICE Gosfice heatdential Steam heating Install-Femove-attic
	LISTA - REPAIR appliances ind-commo anatal-remove insultan-attics
3.	Employer's Name: ALEE PHARTUR HEATT WE ALTO TO WILL TO TOWN
4.	Employer's Address:
	Street Address SOUTH YERINGUT AN FINDE
	LOS ANTELFS A PI
	City State Zip Gode Province Postal Gode
	Country (if noi U.S.)
	ist the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.
F	or each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective quipment you used while working in proximity to the Zonolite Attic Insulation.
	ercentage of time: Protective equipment used: ,
Γ	☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none
L	
1.	
_	Month Year Month Year
2.	Occupation: FILTHER STEAMET ER HVAL SALESTE 250 N
	description - A Genisce Gosfierd pesidental Steamnsatue, Thetal nemovo
	MG 2 Comple South Complete Com
. میکنده	THE TON-OURSE TH
3.	Employer's Name: DOL 14 14 14 15 116 HVAC
4.	Employer's Address:
	Street Address
	GASTA SOUTCA
	ALE ALE AND
	City State Zip Code /Province /Postal Code
_	/Province /Postal Code Country (if not U.S.) Ist the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.
F	Country (If not U.S.) Ist the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation. Or each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective
Fo	/Province /Postal Code Country (if not U.S.) Ist the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.
Fo	(Frovince / Postal Code Country (if not U.S.) Ist the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation. For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective quipment you used while working in proximity to the Zonolite Attic Insulation.

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PART VI: Other Exposures To Asbestos Materials or Products

This section should be completed by all claimants. It asks for information about any additional exposure to asbestos or asbestos-containing products you have bad in your lifetime. DO NOT repeat any of the information requested in the previous sections of this form.

List all of the asbestos product(s) or material(s) you have been exposed to, describe how you were exposed to

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Did your additional exposure occur because you shared a household with an occupationally exposed person (such as a spouse or a parent who worked in proximity to asbestos)? ▼□ Yes ☑ No
If yes, list the time period of that household exposure: From To Montb Year Montb Year
List the name of the occupationally exposed household member:
First Name Middle Name Last Name Last Name List his or her occupation, employer and employment location, and describe how that person brought asbestos from the workplace into your household:
Occupation Company Com
Employer
Employment location
How it was brought home
PART VII: SIGNATURE
All claims must be signed by the claimant of the person filing on his/her behalf (such as the personal representative or attorney).
I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. To the best of my knowledge, the information is accurate and complete.
Raplia Day Year
SIGNATURE OF CLAIMANT, REPRESENTATIVE, OR ATTORNEY
Name of Signatory, if not the claimant
Relationship of Signatory to Claimant
IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT, PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE RELATIONSHIP TO THE CLAIMANT
THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM IS A FINE OF UP TO \$500,000 OR

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